



**COMMONWEALTH OF VIRGINIA**  
**Tobacco Product Manufacturer Certification for Participating Manufacturers**

**Part 1: Type of Certification (*check one*)**

- ☐ Initial Certification
- ☐ Annual Certification for Sales Year \_\_\_\_\_ (Due by April 30 each year)
- ☐ Supplemental Certification (Due thirty (30) days prior to any change in Certification)

**Part 2: Tobacco Product Manufacturer Identification**

Name: \_\_\_\_\_

Federal Employers Identification Number: \_\_\_\_\_

Federal Tobacco Manufacturer Permit Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**If the Tobacco Product Manufacturer is represented by outside counsel for the purpose of compliance with the Master Settlement Agreement or Va. Code § 3.1-336.3 *et seq.*, provide the following information:**

Firm: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Part 3: Brand Family Identification and Certification** (*attach supplemental pages if needed*)[illegible]

- If the Tobacco Product Manufacturer is not the actual fabricator, identify by name and address the company that contract manufactures that Brand Family. Also identify any Brand Family(s) the Tobacco Product Manufacturer contract-manufactures for another company.

**Part 4: Affidavit of Tobacco Product Manufacturer (*must be executed by an authorized officer*)**

Under penalty of perjury, I state that (1) the Tobacco Product Manufacturer, as of the date of this Certification, is a Participating Manufacturer in full compliance with all applicable sections of Va. Code §§ 3.1-336.3 through 3.1-336.16; (2) I have examined this Certification, including attachments and supporting documents and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct and complete; (3) I understand that the Tobacco Product Manufacturer is required to comply with state and federal laws concerning the sale of tobacco products; (4) I understand that the Attorney General may require additional information and/or documentation to determine if the Tobacco Product Manufacturer qualifies for listing in the Virginia Tobacco Directory; and (4) I am a qualified company officer authorized to bind the Tobacco Product Manufacturer making this Certification.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Notary:**

City/County of \_\_\_\_\_  
 Subscribed and sworn to before me on this date: \_\_\_\_\_

Signature: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_

**Mail this original fully executed Certification, including attachments and supporting documents to:**

Tobacco Unit  
 Office of the Attorney General  
 900 East Main Street  
 Richmond, Virginia 23219

**Mail a copy of the Certification to:**

Tobacco Tax Unit  
 Virginia Department of Taxation  
 P.O. Box 715  
 Richmond, Virginia 23218-0715

**Additional information is available at:**

<http://www.vaag.com>